

**WAUKESHA COUNTY MENTAL HEALTH CENTER
MENTAL HEALTH ADVISORY COMMITTEE MEETING
JANUARY 25, 2010
MINUTES**

Present:

Troy Norman (Goodwill)	Mary Madden (NAMI)
Michael DeMares (WCDHHS)	Lisa McLean (MHA)
Misty Barnhill (Friendships)	Marybeth Vander Male (HIL)
Linda Cole (Friendships)	Diane Begos (MHC - CCS)
Corrine Gresen (WMH)	Joan Sternweis (MHC - DT)

Excused:

Sandra Hack (DHHS)
James Hanover (Div. of Voc. Rehab.)
Troy Norman (Goodwill)
Dennis Farrell – (WCHHS Board)
Colleen Gonzalez (WCTC)
Maura McMahon (Public Defender Office)

The meeting was called to order at 1:34 p.m.

Educational Segment: Community Recovery Services (CRS) 1915 (i) -Mike DeMares

Mike DeMares stated he, Joan Sternweis and Cynthia Lilley prepared documents submitted them to the State for Community Recovery Services (CRS), then attended a State meeting for training. Individuals interested in CRS must complete and submit a packet of information, including the completed plan, functional screen and financial eligibility to the State. The state, determines whether or not the individual is eligible for these services. The CRS Program allows the County to get the Federal share of costs related to residential, vocational and peer support programming. Mike reviewed the qualifications of the program including individuals who need 24/7, with housing support, and unlikely leave placement in the future. Mike D. handed out the Individual Service Plan and Outcomes for CRS.

Joan Sternweis stated the three services (residential, vocational and peer support) use goals. Services would be to help establish the goals needed to accomplish the outcome. There may be many outcomes for one goal. A client will have a CRS case manager and/or a Case Manager in CSP or Service Facilitator in CCS. Individuals targeted are those who have not been CSP or CCS eligible. Joan added the first tier of CRS is financial eligibility, then functional eligibility. This program is requiring a Certified Peer Support Specialist. The State said there would be provisions for Peer Support Specialists to become certified during the first year and provide the service before certification. The completed plan, functional screen and the financial eligibility is all sent to the state for approval or denial. Joan S. passed out a copy of the Community Recovery Services home page for reference.

Review and Approval of December 2009

The minutes were reviewed. Mike DeMares moved to approve the minutes as published. This was seconded by Troy Norman. The minutes were approved as published.

Board Liaison Report

Dennis Farrell is excused. Mary Madden stated she wanted to remind the committee about Unmet Needs.

Legislative report

Dennis Farrell is excused.

CCS Coordinating Committee

Diane Begos stated the Coordinating Committee met today and Kathy Duffek from Parent's Place presented. Diane suggested this committee would benefit from their presentation. Diane stated there will be two CCS Statewide meetings (April 5th and October 4th) that presenters are being asked for.

COP Report – Joan Sternweis

Joan Sternweis stated the COP Annual Plan is due the third week in February. There is little to update related to contact information. Fiscal is looking at the allocations for 2010. Mike DeMares stated COP funds may be used as matched dollars with CRS, so funding for individuals who don't qualify for CRS, or programs of it, may be allocated here. The committee is looking at 90% cost allocation to residential as the ceiling.

Unmet Needs – Mike DeMares

Mike DeMares reviewed the Unmet Needs from 2009 that were given to the Board:

1. Support the continuation of the 2009 array and levels of services provided to Waukesha County residents including access to new psycho pharmaceuticals for both children and adults.
2. Maintain the present funding for 211 First Call for Help.
3. Cost of living adjustment for residential providers of at least (2).
4. Support and sustain the continuation of peer support program in a variety of clinical settings.
5. Expand respite services to children to provide greater access to summer programming and monitoring.

Mike D. explained significant cuts were made in AODA and Mental Health in 2009. Mike D. detailed the moving of funds between the State, County and Programs. The County decided not to fund opiate detox. People want intensive outpatient AODA over a halfway house. Mike stated the Respite Services for SED Children has been moved to the Child Welfare budget, not Mental Health. AODA Intensive Outpatient Treatment Program was increased to three modules. The elderly with dementia are now being picked up by Waukesha Memorial Hospital (WMH), where they are stabilized. Medications have been provided to those who need it.

The presentation for Unmet Needs is March 25, 2010. Mike D. suggested the consideration of the following needs:

1. 211-First Call for Help - they are handling "everything" including H1N1.
2. Cost of living for residential.
3. Peer Support will need to be continued as CRS is new and expected to be a major program in upcoming years.

Joan S. stated there are now five clients being served by the Day Treatment Program, which will continue as it is another avenue for those in CRS to come in and utilize groups without being CCS. MHC is submitting the Day Treatment license application, which will provide extra support.

Mike D. asked the committee to think of other areas of Unmet Needs for the next meeting. At this time the committee had the following additions:

1. Sustain or increase the 211-First Call for Help.
2. Additional positions for CRS as there are more consumers.
3. Vocational Services and Peer Support to offer vocational services.

Old Business –

There was no old business.

New Business –

- Diane Begos stated Dr. Kim approached her about the CCS Group for smoking cessation. He would like to implement a similar group at HHS. Smoking cessation is very successful with the support of the nicotine replacement therapy. There is a government program available for patches, but Diane stated many who call are not supported because of their mental illness. Diane suggested a dual diagnosis for smoking clients with chronic mental illness, possibly the same way those with dual disorder with people who have other drug and alcohol issues. This may be an Unmet Need.

Diane explained the use of Clozapine and smoking will change the therapeutic blood levels, yet the patient continues to receive the same amount of medication. This may look different on the unit if nicotine use is taken into account. Diane said they are starting to coordinate this with the unit, but this is in the talking phase now.

Joan S said one issue brought up in the teleconference is if there is an agency wide policy on staff smoking. Contact should always be a nonsmoking presence. Discussion followed on non smoking locations, smoking policies and procedures, smoking at group homes, smoking with or around clients and clean up after smoking. Joan Sternweis added those with a mental illness loose 24 years off their lifetime if they have a severe mental illness and they smoke.

- Troy Norman stated last year the need for peer support training and certification fee was discussed. Troy will contact Mike D. when the amount of funding is available to determine distribution.
- Linda Cole suggested the restart of the Peer Support Advisory Work Group to look at Countywide, where to place peers, the awareness to create to find more placements for peers, where training can be found and have a complete plan everyone can work toward. Joan Sternweis will reconvene the Peer Support Advisory Work Group.

Other -

Next Meeting: March 15, 2010.

There was no other business. Linda Cole moved to adjourn. This was seconded by Diane Begos. The meeting ended at 2:58 p.m.

Respectfully submitted,

Barb Sylvester
Recorder

Minutes were approved *Tracy C. Yerman* Date *2/23/2010*

Cc: Susie Austin, Chair, AODA
James Pearson, Chair of CAFSAC
Sue Konkel, Chair, Public Health
County Clerk, Waukesha County

